

Testimony in SUPPORT of HB 5430

Dear Members of the Public Health Committee of the Connecticut General Assembly:

My name is Sumitha Raman, and I am a Primary Care Doctor and a resident of New Haven. I work at the Addiction Recovery Clinic at Yale-New Haven Hospital where I treat patients suffering from addiction to opioids. The following views are my own, and do not represent those of Yale-New Haven Hospital.

I am testifying in support of HB5430, An Act concerning Opioids. Specifically, I want to draw attention to Section 9, which directs state agencies including the Departments of Mental Health and Addiction Services, Consumer Protection, Social Services and Correction to share data relevant to the opioid epidemic such that a shared database can be created to identify the needs of patients who are prescribed opioids, have an opioid use disorder, or who have experienced an overdose.

In 2020 alone, 1300 people in Connecticut died of an opioid involved overdose. This meant that CT had the 10th highest death rate from opioids of all states in the country. Although CT's state agencies have established a variety of services to prevent opioid related deaths and provide life-saving treatment to its most vulnerable residents, I believe that the state's ability to further its response to the burgeoning epidemic is hindered by the lack of shared data among agencies.

As a doctor treating patients with opioid addiction, I am privy to the relapsing course of this disease, as well as to the stigma, and the co-occurring psychological and social burdens patients with the disease face, making their interactions with treatment facilities fragmented at best. It is not uncommon, after I first meet a patient and start treating them for an opioid addiction, for them to relapse, to experience homelessness, to then be hospitalized with a complication from using opioids, to be discharged to the streets, to return to my clinic and be re-started on medication, to then be incarcerated during which they may or may not receive treatment, to be released from prison and overdose again, and this time die.

In this span of time, my patients have often interfaced with a myriad of addiction related treatment and support services all administered by different state agencies – such as mobile needle exchange vans, methadone clinics, homeless outreach services, and treatment centers within jails. Unless we link individual-level data held by each of these agencies, we will not be able to evaluate existing strategies and services, identify trends, or design effective interventions. For example, we know that the days following release from prison are extremely high-risk periods for opioid overdose death, but we do not know what proportion of people in Connecticut treated for opioid use disorder while incarcerated are connected to treatment once out of jail. This metric requires data linking between agencies to assist the state in creating targets to improve the metric and ultimately save lives.

Other states, such as Massachusetts, Rhode Island, and Maryland have all developed processes for sharing data across state agencies on opioid overdose related events. Massachusetts allows for sharing of data across private and public agencies and has provided insight to the state regarding opioid use and overdose trends and policy initiatives that will increase access to treatment. Researchers familiar with establishing such databases in Massachusetts and Maryland have provided written testimony outlining their findings, including on ways to protect confidentiality and not place undue burdens on state agencies while creating such databases

HB5430 is the next step forward in furthering a data-driven response to the opioid epidemic in Connecticut. I support HB5430 and I ask the committee to support and pass this important legislation. Thank you for your time,

*Sumitha Raman, MD
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